



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
DATAMASTER MAINTENANCE REPORT

BAT Van, Troop C

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN 202014	DATE OF INSPECTION 6/30/2009
LOCATION OF INSTRUMENT (STREET AND CITY) 2920 North Shamrock Rd. Jefferson City, MO 65101	TIME OF INSPECTION 9:06

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ **DIAGNOSTIC CHECK (PRINTOUT ATTACHED)**

- | | |
|--|---|
| <input checked="" type="checkbox"/> COMPUTER | <input checked="" type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM | <input checked="" type="checkbox"/> FILTERS |
| <input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER +50°C | <input checked="" type="checkbox"/> QUARTZ STANDARD |
| <input checked="" type="checkbox"/> FLOW DETECTOR | <input checked="" type="checkbox"/> CALIBRATION |
| <input checked="" type="checkbox"/> PUMP HIGH SPEED | <input checked="" type="checkbox"/> PRINTER |

☒ **INDICATOR LIGHTS**

☒ **TIME AND DATE** 9:00 6/30/2009

☒ **SIMULATOR TEMPERATURE** (34 °C ± 0.2°C) +34.10°C

☒ **CALIBRATION CHECK -**

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)

- ☐ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
☒ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE
(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 .039	TEST 2 .038	TEST 3 .039
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☒ **PERFORM R.F.I. TEST (PRINTOUT ATTACHED)**

☒ **NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)**

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(Over .19)	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

Set I/R source intensity from +.586 down to +.021. Performed firmware upgrade from version 12/15/99 to version 04/07/09.

Guth Laboratories, lot #09010, expiring 1/6/2010

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Terry L. Carroll
TYPE II PERMIT NUMBER/EXPIRATION DATE 920079 4/22/2011	TELEPHONE NUMBER (573) 751-4722



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **09010** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.0482** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **January 6, 2010** at **11:59 PM**.

When used in a calibrated Simulator, operating at **34°C +/- .2°C**, this solution will give a breath alcohol analysis instrument reading of **0.04** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 202014
06/30/09
09:06

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 50=
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

! " # \$ % ' () * + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G
H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` a b c d e f g h i j k l m n o
p q r s t u v w x y z { | } ~

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD OH 44801

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 202014
06/30/09

TESTING OFFICER:
CARROLL/TERRY/L
OFFICER I.D.: C69
PERMIT NUMBER: 920079
EXPIRATION DATE: 04/22/11
MISCELLANEOUS DATA:
.100 CAL. CHECK

--- SUPERVISOR MODE ---

BLANK TEST	.000	09:11
INTERNAL STANDARD	VERIFIED	09:11
EXTERNAL STANDARD	.099	09:11
BLANK TEST	.000	09:12
EXTERNAL STANDARD	.099	09:12
BLANK TEST	.000	09:13
EXTERNAL STANDARD	.099	09:13
BLANK TEST	.000	09:14

N = 3
SIM. = .1
AVG. = .099

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 202014
06/30/09

ARREST TIME: 01:00
SUBJECT NAME:
DOE/JON
DOB: 01/02/03 SEX: M
STATE/D.L.: MO/12345
ARRESTING OFFICER:
CARROLL/TERRY/L
OFFICER I.D.: C69
TESTING OFFICER:
CARROLL/TERRY/L
OFFICER I.D.: C69
PERMIT NUMBER: 920079
EXPIRATION DATE: 04/22/11
MISCELLANEOUS DATA:
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	09:17
INTERNAL STANDARD	VERIFIED	09:17
RADIO INTERFERENCE		

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



TERRY L CARROLL

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 04/22/09

Number 920079

Expires 04/22/2011

MO 680-0771 (7-88)

John J. Mathewson

Director of State Public Health Laboratory

Margaret T. Donnelly

Director, Department of Health

Lab. 4 (R7-88)